

# CONSUMER PRODUCT INCIDENT REPORT


1. Name of Respondent <del>XXXXXXXXXX</del>		2. Telephone No. (Home) <u>309 364</u> (Work) <u>None</u>	
3. Street Address <u>Edward</u>		4. City, State, Zip Code <u>Henry</u> <u>Ill</u> <u>61537</u>	
5. Give details of accident, injury, or illness. Describe how incident occurred. (Use reverse side if necessary.) <i>Wife baking chicken in glass baking dish (9 1/2" x 13 1/2") at 350°. Opened oven door to check chicken, baking dish exploded sending small shivers of glass all over kitchen floor. Instructions state baking dish can be used in microwave or conventional oven. Product purchased 2/87.</i>			
6. If injury or illness: Victim's Name _____ Relationship _____ Age _____ Sex _____ Date <u>3/26/87</u> Type Injury <u>NA</u> Body Part Involved _____ Treatment _____			
7. Description of Product <u>Baking Dish</u>		8. Was the product: Damaged before incident? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Repaired before incident? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Repaired after incident? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
9. Brand Name <u>unknown</u>		10. Identifying Numbers, Letters, etc. <u>3gt 1040-E</u>	
11. Manufacturer's Name and Address <u>Anchor Hocking</u> <u>address unknown</u>		12. Dealer's Name and Address <u>Princeton, Ill</u>	
13. How product acquired? Purchased New <input checked="" type="checkbox"/> Second Hand <input type="checkbox"/> Other _____			14. Age of Product <u>1 yr</u>
15. Is product available for inspection? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Other _____		16. Does product have warning labels or instructions? Are they available? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
17. Have you contacted the manufacturer? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If not, do you plan to contact them? Yes <input type="checkbox"/> No <input type="checkbox"/>		18. Do you object to the use of your name? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>FOR ADMINISTRATIVE USE ONLY</b>			
19. Receiving Office <u>HL</u>	20. Date Received <u>3/27/87</u>	21. Received by <u>DD</u>	22. Reporting Office
23. Source of Report Letter <input type="checkbox"/> Phone <input checked="" type="checkbox"/> Visit <input type="checkbox"/> Other _____			24. Document No. <u>H8751217A</u>
25. Follow-Up Action  MFR/PRVLBR NOTIFIED <u>7/1/92</u> <u>257c</u> No Comments made Comments attached Excisions/Revisions Firm has not requested further notice <b>EPDS</b> <b>MAY 06 1987</b>			26. Product Code(s) A. <u>0461</u> B. _____
28. Distribution			27. _____
29. Endorser's Name/Title <u>am</u>			

257c)

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

RECEIVED  
MAY 21 P2:25  
FBI  
LABORATORY

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.

  
Signature

Date

May 16, 1988

☐

Do not release my name.

☒

You may release my name to the manufacturer but not to the general public.

☐

You may release my name to the manufacturer and to the public.

H 751217/0461  
12 MAY 1987